

Kewaunee County
Medical and Dental Plan Open Enrollment for Year 2019

What is Open Enrollment?

- It is a period of time when employees may make changes to their elected benefit plan.
 - The Open Enrollment period usually occurs once per year.
 - Open Enrollment is the time when you can add or waive coverage for yourself or your eligible dependents without a qualifying event.
 - This election will be effective January 1, 2019 through December 31, 2019.
-
- **Enrollment Election forms must be signed and returned regardless of participation.**
 - **Completed forms must be submitted to the County Administrator's Office by Wednesday, November 7, 2018.**

What is a Qualifying Event?

A Qualifying Event allows you to add dependents to your plan outside of open enrollment. A qualifying event allows special enrollment for you to apply for coverage within 30 days of the event. If you do not apply for coverage within the 30 days, you must wait until the next open enrollment period, or until one of the following qualifying events occurs:

- Change in marital status (Marriage or Divorce)
- Adding a newborn natural child, adoption
- Changing from Single to Family coverage or adding a dependent due to a court order
- Loss of other insurance (spouse)

Am I Eligible for Insurance?

- You are eligible for the County's medical and dental insurance plans if you work an average of 30 or more hours per week.
- After a Retiree reaches the limiting age (age 65), the spouse and dependents are no longer eligible for coverage under the County's plan. Eligibility would continue for a maximum of 36 months, with COBRA to run concurrently.

Medical and Dental Plan Open Enrollment for Year 2019 cont....

Documentation for Proof of Eligibility for Open Enrollment or a Qualifying Event

■ For Spouse:

- A marriage certificate or
- A copy of the front page of your most recent filed federal tax return, confirming this dependent as a spouse. You may blacken out any financial information. (This option would be for a qualifying event because if the employee is newly married, the new spouse will not appear on the most recent tax return as "spouse")

■ For Children:

- A child's birth certificate, naming you or your spouse as the child's parent, or appropriate court order/adoption decree naming you or your spouse as the child's legal guardian. If you have eligible foster children under the terms of a legal guardianship agreement, please provide a copy of the agreement.

■ For Stepchildren:

- A child's birth certificate, naming your spouse as the child's parent, or appropriate court order **and** your marriage certificate as proof of the dependent's relations to the employee
- A copy of the front page of your most recent filed federal tax return showing that you claimed this dependent. You may blacken out any financial information.

■ For Disabled Dependents:

- A child's birth certificate, naming you or your spouse as the child's parent, or appropriate court order.
- A copy of the front page of your most recent filed federal tax return showing that you claimed this dependent. You may blacken out any financial information.
- Note: If this disabled dependent is a stepchild, the documentation listed above for stepchildren will also be required.

Medical and Dental Plan Open Enrollment for Year 2019 cont....

Health insurance premiums will be the following for the year 2019:

- Total medical single premium/month: \$919.12
- Total medical family premium/month: \$2,261.64
- Employer portion: 85%
- Employee portion: 15%
- Single employer portion/month: \$781.24 Employee portion/month: \$137.88
- Family employer portion/month: \$1,922.38 Employee portion/ month: \$339.26

Dental insurance premiums will be the following for the year 2019:

- Total dental single premium/month: \$50.00
- Total medical family premium/month: \$126.00
- Single employer portion: 100%
- Single employee portion: 0%
- Family employer portion: 50%
- Family employee portion: 50%
- Single employer portion/month: \$50.00 Employee portion/month: \$0
- Family employer portion/month: \$63.00 Employee portion/month: \$63.00

- ✓ Life insurance is a free benefit provided by the County – this is a good time for you to review who you have listed as your beneficiaries and make any important updates.
Contact Peggy Jeanquart at jeanquart.peggy@kewauneeco.org

Enrollment Election forms must be signed and returned regardless of participation.

**Completed forms are due to the County Administrator's Office
by Wednesday, November 7, 2018**

*If you have any questions, contact the County Administrator's Office at
920-388-7164 or jeanquart.peggy@kewauneeco.org*

Kewaunee County is an Equal Opportunity Employer



KEWAUNEE COUNTY ADMINISTRATOR'S OFFICE

Scott Feldt
County Administrator

To: Kewaunee County Medical Insurance Plan Eligible Employees,
Retirees & COBRA Participants

From: Scott Feldt, Kewaunee County Administrator

Subject: Compliance Notifications

Date: October 22, 2018

Kewaunee County is providing you with the following memo to ensure that you are aware of federal notice regulations as they relate to your group health plan. We have posted the notices on our Employee Intranet (which you can access by typing the following into your internet browser: <http://www.co.kewaunee.wi.gov/section.asp?linkid=2297&locid=192>). These notices are intended to notify you of your rights and may not address all regulations in detail. The information is federal-specific. If you would like to receive a paper copy of the notices, please contact Peggy Jeanquart 920-388-7164, jeanquart.peggy@kewauneeco.org and the notices will be provided to you. Included below is a listing of the notices with a brief description of each:

- Non-Grandfathered Plan - In conjunction with the Affordable Care Act, this notice will inform you if your plan is grandfathered or non-grandfathered.
- CHIP/CHIPRA - Notice that outlines when eligible employees or dependents that are eligible but not enrolled, will be permitted to enroll if they lose eligibility for Medicaid or CHIP coverage or become eligible for a premium assistance subsidy under Medicaid or CHIP. Second notice outlines the contact information where employees may inquire about CHIP.
- HIPAA Privacy Notice - Notice of Privacy Practices and an explanation of your privacy rights.
- HIPAA Portability Rights and Special Enrollment Rights - Outlines your right to join the plan at a future date if you should lose coverage due to a qualifying event.
- Women's Health and Cancer Rights Act - Notice of the availability of benefits for the required coverage and information on how to obtain a detailed description.

If you would like to receive a paper copy of the notices, please contact Peggy Jeanquart 920-388-7164, jeanquart.peggy@kewauneeco.org and the notices will be provided to you.

Kewaunee County
810 Lincoln Street
Kewaunee, WI 54216

PHONE (920) 388-7164
FAX (920) 388-7195
WEB SITE <http://www.kewauneeco.org>

Kewaunee County is an Equal Opportunity Employer



You know where the hospitals are,
**DIRECTPATH KNOWS HOW TO FIND
YOUR PRICE!**



PRICES VARY

Kewaunee County Benefit: DirectPath Program - FREE - no fees

An MRI on the left shoulder could cost three different prices when performed at three different facilities.

YOU HAVE OPTIONS! KNOW BEFORE YOU GO!

***Eligibility: Must be a participant in the Kewaunee County Medical Plan**



Call DirectPath in advance of scheduling any elective health care test or procedure. Your Advocate will compare cost and quality of 2-3 providers and provide you with an easy-to-read report!!

Choose a low cost provider based on the physicians/facilities you compared. Then **GET REWARDED** with 20% of the plan savings (up to \$1,000) for choosing a lower cost option!



866-253-2273 | directpathhealth.com

Monday-Friday: 7 a.m. – 8 p.m. CT
Saturday: 8 a.m. – 1 p.m. CT



DirectPath

Meet your personal health care advocate

Health care can be very confusing. Have you ever wondered the difference between an HRA, HSA and FSA? What about that confusing bill you received after your last doctor's visit? DirectPath is here to help!

Your Advocate is ready to:

- Help you understand your health care benefits
- Assist with claims & billing issues
- Help you find in-network providers
- Verify coverage
- Educate you about health plan choices
- Clarify prescription drugs
- Provide total and out-of-pocket costs for tests and procedures

YOUR ADVOCATE WILL EVEN SHOP FOR YOUR HEALTH CARE!

When you call DirectPath in advance of scheduling any health care test or procedure, your Advocate will compare the cost and quality of up to three providers and give you a comprehensive Transparency Report. It's just that simple!

Say goodbye to confusing health care. Say hello to your DirectPath Advocate!



Kewaunee County Benefit
DirectPath Program
FREE - no fees



* Eligibility: Must be a participant in the Kewaunee County Medical Plan



DirectPath®

To Reduce Health Care Costs

866.253.2273

Monday - Friday: 7:00am - 8pm CT | Saturday: 8am - 1pm CT | advocate@directpathhealth.com



Kewaunee County Health Insurance Plan Effective January 1, 2019 **Medical, Dental, Prescription & Life Insurance Overview**

Part – time employees must work an average of 30 hours per week to be eligible for health insurance.
 Cost will be prorated based on number of hours worked.

MEDICAL		PPO In-Network Name: National POS – OpenAccess	
Doctor on Demand Telemedicine www.doctorondemand.com/humana		DirectPath Services 866-253-2273 / directpathhealth.com	
Telemedicine - \$0 copay paid 100%		DirectPath - free each member \$reward 20% up to \$1,000	

MEDICAL PLAN – SINGLE

Single Medical Monthly Premium \$919.12 / Employer 85%: \$781.24 / Employee 15%: \$137.88

PPO Network Name: <i>National Point of Service – Open Access (NPOS)</i>	In Network 1/1/2019	Out of Network 1/1/2019
Deductible	\$750	\$1500
Coinsurance	90/10	70/30
Out of Pocket Limit	\$2,500	\$6,750
Plan Maximum Out of Pocket Limit (MOOP)	\$6,450	N/A
Primary Care Office Visit Copay	\$25	ded/coins
Specialist Copay	\$50	ded/coins
Emergency Room Copay	\$200 copay then 90% after deductible	
Urgent Care Copay	\$50	ded/coins

MEDICAL PLAN - FAMILY

Family Medical Monthly Premium \$2,261.64 / Employer 85%: \$1,922.38 / Employee 15%: \$339.26

PPO Network Name: <i>National Point of Service – Open Access (NPOS)</i>	In Network 1/1/2019	Out of Network 1/1/2019
Deductible	\$1,500	\$3,000
Coinsurance	90/10	70/30
Out of Pocket Limit	\$5,000	\$13,500
Plan Maximum Out of Pocket Limit (MOOP)	\$12,900	N/A
Primary Care Office Visit Copay	\$25	ded/coins
Specialist Copay	\$50	ded/coins
Emergency Room Copay	\$200 copay then 90% after deductible	
Urgent Care Copay	\$50	ded/coins

Out of Pocket Limit Includes: medical deductible & medical coinsurance (In Network/Out of Network do not cross reduce)
 MOOP Includes: in network medical/pharmacy deductible, in network coinsurance, medical/pharmacy copay

PHARMACY

Level 1 Drug Co-Pay: **\$10** Level 2 Drug Co-Pay: **\$35** Level 3 Drug Co-Pay: **\$50**
 (low cost generic/brand) (higher cost generic/brand) (high cost mostly brand)
Level 2 & Level 3 (combined) have a \$200 deductible per person, then copay

DENTAL

PPO In-Network Name: Traditional Preferred

Family Dental - \$126.00 - Employee pays 50% = \$63.00 per month

Single Dental - \$50.00 - Employee pays zero

Dental maximum benefit per year per individual: \$1,000

Orthodontia: covered expenses 50%

Lifetime Maximum for orthodontia per individual: \$800

LIFE

Term Life Insurance: \$20,000 / Accidental Death or Bodily Injury: \$20,000 (eligibility: 600 hrs worked/year)



Kewaunee County
Telemedicine Benefit

Feeling under
the weather?
Talk to a doctor
within minutes.

FREE
\$0 copay
paid 100%

*must be a participant in the Kewaunee County Medical Plan





If you or someone in your family is not feeling well and doesn't require emergency care, telemedicine, powered by Doctor On Demand, lets you see a U.S. board-certified physician in minutes using your smartphone, tablet or computer.



Doctor on Demand

examples: colds, sore throat, flu symptoms, allergies, sinus infections, ear and eye problems, skin conditions....

With Humana's telemedicine benefit delivered by Doctor On Demand, you can:

-  Connect with a physician from one of Doctor On Demand's U.S. board-certified doctors
-  Immediately see a doctor 24 hours a day, seven days a week from any location
-  Your primary care physician can access your telemedicine visit at your request
-  If medically necessary, the telemedicine doctor can send a prescription to a preferred pharmacy



Go to Doctor On Demand's website for more information on telemedicine and promotional offers

Telemedicine

Humana.

Humana.com

GCHJHCLEN 1216

www.doctorondemand.com/humana



OPEN ENROLLMENT Kewaunee County Health and Dental Plan Election Form

**RETURN TO THE COUNTY
ADMINISTRATOR'S OFFICE BY
WEDNESDAY, NOVEMBER 7, 2018.
ALL FIELDS REQUIRED**

Costs listed are per pay period/the
first two pay periods of the month

Your First Name, Middle Initial, Last Name (please print): _____

Street Address: _____ City: _____

State: _____ Zip Code: _____ Phone # (____) _____ **Is this a change in address or phone number?** _____

Social Security Number _____ / _____ / _____ Date of Birth _____ / _____ / _____ Gender: _____ Male _____ Female

Indicate your decision for enrollment in the following insurance plans

SECTION 1 MEDICAL

Medical Plan Effective January 1, 2019

☐ I do not wish to change my medical coverage through Kewaunee County (keep my existing coverage the same)
*If no change, check the box above and **STOP HERE** and move to the next section.*

☐ I am a current medical subscriber and wish to change my medical coverage through Kewaunee County from my existing coverage of:

EXISTING MEDICAL COVERAGE

☐ Single (\$68.94) to the following coverage effective January 1, 2019
☐ Family (\$169.63) to the following coverage effective January 1, 2019

MEDICAL COVERAGE CHANGE

☐ Single (\$68.94)
☐ Family (\$169.63)
☐ Waive coverage

☐ I currently **waive** medical coverage through Kewaunee County and wish to change my medical coverage to the following effective January 1, 2019: ☐ Single (\$68.94) ☐ Family (\$169.63)

SECTION 2

Other Medical Coverage/Reason for Waiving Medical Coverage

Are you or any dependent covered under other Insurance or Medicare? ☐ Yes ☐ No

Covered Individuals? _____ Policy No. _____

Company Name _____ Policy Holder _____

Medicare HIC# _____

SECTION 3 DENTAL

Dental Plan Effective January 1, 2019

☐ I do not wish to change my dental coverage through Kewaunee County (keep my existing coverage the same)
*If no change, check the box above and **STOP HERE** and move to the next section.*

☐ I am a current dental subscriber and wish to change my dental coverage through Kewaunee County from my existing coverage of:

EXISTING DENTAL COVERAGE

☐ Single (\$0) to the following coverage effective January 1, 2019
☐ Family (\$31.50) to the following coverage effective January 1, 2019

DENTAL COVERAGE CHANGE

☐ Single (\$0)
☐ Family (\$31.50)
☐ Waive coverage

☐ I currently **waive** dental coverage through Kewaunee County and wish to change my dental coverage to the following effective January 1, 2019: ☐ Single (\$0) ☐ Family (\$31.50)

required information continued on other side.....

SECTION 4

DEPENDENT INFORMATION (SPOUSE / CHILDREN)

DEPENDENT INFORMATION REQUIRED

*Dependent Information – due to the Affordable Care Act, if you are ELECTING OR CONTINUING medical or dental coverage for your spouse and/or dependents, the following information is required.

<u>First Name</u>	<u>Middle Initial</u>	<u>Last Name</u>	<u>Date of Birth</u>	<u>Social Security #</u>	<u>Gender</u>	<u>Spouse/ Child</u>	<u>Coverage(s)</u>
							<input type="checkbox"/> Medical <input type="checkbox"/> Dental
							<input type="checkbox"/> Medical <input type="checkbox"/> Dental
							<input type="checkbox"/> Medical <input type="checkbox"/> Dental
							<input type="checkbox"/> Medical <input type="checkbox"/> Dental
							<input type="checkbox"/> Medical <input type="checkbox"/> Dental
							<input type="checkbox"/> Medical <input type="checkbox"/> Dental

- ❖ Are the dependents listed on your year 2018 coverage different from your year 2019 coverage? Are you removing or adding a spouse or dependent (s) in year 2019? If yes, then continue to Section 5 below.

SECTION 5

CHANGE IN SPOUSE/DEPENDENT INFORMATION * IF APPLICABLE*

I am an existing subscriber with the County insurance family dental and/or family medical plan and I am electing to continue the family medical and/or family dental plan for January 1, 2019 ***AND*** I will be removing or adding a dependent(s) or spouse whereby I will still continue the family plan on January 1, 2019. (Example 1: you are currently on the County family plan and will be removing 1 dependent child from the plan 1.1.19 because the dependent is age 24 and has decided to enroll in coverage through their employer and you will still remain/elect the family plan continuing to cover others within your household – *communicate/clarify* this detail by indicating the dependent name and information below. Example 2: you are currently on the County family plan with dependent children and effective 1.1.19 you are adding your spouse since your spouse declined coverage during their employer open enrollment this year – *communicate/clarify* this detail by indicating the spouse name and information below.)

Depending on your household scenario, your spouse/dependent information may already be listed above in Section 4. If you have a scenario similar to examples 1 and 2 mentioned in Section 5 you will need to ALSO list the dependent/spouse that you are adding or removing below. This will clearly communicate your household coverage election changes effective 1.1.19.

<u>First Name</u>	<u>Middle Initial</u>	<u>Last Name</u>	<u>Date of Birth</u>	<u>Social Security #</u>	<u>Gender</u>	<u>Spouse/ Child</u>	<u>Add or Remove</u>	<u>Coverage(s)</u>
								<input type="checkbox"/> Medical <input type="checkbox"/> Dental
								<input type="checkbox"/> Medical <input type="checkbox"/> Dental
								<input type="checkbox"/> Medical <input type="checkbox"/> Dental
								<input type="checkbox"/> Medical <input type="checkbox"/> Dental

**** I authorize Kewaunee County to make payroll deductions for applicable premiums of the plan(s) for which I enrolled on a pre-tax basis:

Employee Signature: _____ Date: _____

Kewaunee County Is An Equal Opportunity Employer